MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11982

11984 CERTIFICATE OF DEATH Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury 12
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount 19x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) ELSIE (Middle) M. (Last) ADAMS

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Dec. 19, 1920 | 9. AGE last birthday: 33 yrs. | IF UNDER 1 YEAR Months 11 Days 29 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): White Haven, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Shores

14. MOTHER'S MAIDEN NAME: Sarah Owens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edna Shores — White Haven, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
260X Immediate cause	(a) Uremia.	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Glomerulo Sclerosis.	Unknown
	DUE TO (c) Diabetes Mellitus.	Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Dec., 1954, to 18 Dec., 1954, that I last saw the deceased alive on 18 Dec., 1954, and that death occurred at 12:45 AM., from the causes and on the date stated above.

SIGNATURE Richard H. Saunders (Degree or title) M.D. ADDRESS Pocomoke Md. DATE SIGNED 12/19/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/21/54 | NAME OF CEMETERY OR CREMATORY Bevalve Church Cemetery | LOCATION (City, town, or county) Bevalve (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-28-54 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Cornelius D. Apostle | ADDRESS Bivalve, Maryland

VS. A15

RECEIVED
DEC 27 1954
BUREAU V. S.

11983

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12024

CERTIFICATE OF DEATH

Reg. Dist. No. 331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury — LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) SAMUEL (Middle) (Last) ADAMS

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: Col.

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: Nov 9- 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shelltown Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Adams

14. MOTHER'S MAIDEN NAME: Sarah Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mollie Steward - Shelltown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 d

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis gen. — 7.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/13/54, to 12/26/54, that I last saw the deceased alive on 12/26/54, and that death occurred at 9:55 A m., from the causes and on the date stated above.

SIGNATURE J. Maldon Holloway M.D. — DEGREE OR TITLE Pres. Med. St. Hosp. — ADDRESS Salisbury Md. — DATE SIGNED 12/26/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Dec. 28, 1954 — NAME OF CEMETERY OR CREMATORY Ebenezer — LOCATION (City, town, or county) (State) Marumsco, Somerset, Md.

DATE REC'D BY LOCAL REG. 12-28-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Charles F. Ward — ADDRESS Marion Station Md.

RECEIVED
JAN 3 1955
BUREAU V. S.

(WALTER DECOURSEY ADDIS)

11984

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 532

11985

1. PLACE OF DEATH:
COUNTY WICOMICO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY 12
LENGTH OF STAY (in this place) 5 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MERRITT MILL ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY WICOMICO
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SALISBURY
STREET ADDRESS (If rural, give location) R.F.D. - 4

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) DeCoursey (Last) Addis

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	6/7/92	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
BROILER INDUSTRY	BROILER RAISER	PENNSYLVANIA	U.S.A.

13. FATHER'S NAME: HOWARD ADDIS

14. MOTHER'S MAIDEN NAME: EMMA JANE DUFFIELD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES W.W. I	NONE	MARY ADDIS, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 12-27-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12/28/54	WICOMICO MEM. PK	SALISBURY, MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-29-54	Mary M. Holloway	Hill & Johnson Co.	SALISBURY

Franklin B Hill Jr.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
JAN 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11985

12025 **CERTIFICATE OF DEATH** Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar
LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) RFD # L

3. NAME OF DECEASED: (Type or Print) (First) Irving (Middle) Emory (Last) Adkins

4. DATE OF DEATH: (Month) 12- (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: April 8, 1893

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emory Adkins

14. MOTHER'S MAIDEN NAME: Mary Francis Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. 222-07-6699

17. INFORMANT & ADDRESS: Dellie Adkins, Delmar, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — 8 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B)

DUE TO (C) Coronary artery disease. — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension. Chronic Hypertrophic Cirrhosis — 4 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to death, 19..., that I last saw the deceased alive on 12/23, 1954, and that death occurred at 11 AM, from the causes and on the date stated above.

SIGNATURE Ernest M. Lawson M.D. ADDRESS Delmar, Del DATE SIGNED 12/23/54

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-26-54 | NAME OF CEMETERY OR ~~CREMATORY~~ Mt Olive | LOCATION (City, town, or county) (State) Delmar, Delaware

DATE REC'D BY LOCAL REGISTRAR December 24-54 | REGISTRAR'S SIGNATURE Harry E. Hudson Sr | 24. FUNERAL DIRECTOR W. S. Mapp Co. ADDRESS Delmar, Del

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
DEC 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11986

11986 CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WICOMICO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY 12
STREET ADDRESS (If rural give location) 700 SMITH ST.

3. NAME OF DECEASED: (Type or Print) (First) Clayton (Middle) COLUMBUS (Last) Anderson

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH: AUGUST 1880
9. AGE last birthday 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDANT REST ROOM
10B. KIND OF BUSINESS OR INDUSTRY: COURT HOUSE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY W. ANDERSON
14. MOTHER'S MAIDEN NAME: EMILY HARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-10-9684
17. INFORMANT & ADDRESS: SETH TAYLOR - SALISBURY

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Meningococcic Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
ICD 057.1

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1954, to 12/7/, 1954 that I last saw the deceased alive on 12-7, 1954, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE Emil Kruger M. D. ADDRESS 407 Camden Ave DATE SIGNED 12-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 2/10/54
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) (State) SALISBURY, MD.

DATE REC'D BY LOCAL REGISTRAR 12-11-54
REGISTRAR'S SIGNATURE Mary W Holloway
24. FUNERAL DIRECTOR Hill & Johnson Co per H.B. Hill Jr. ADDRESS

RECEIVED
DEC 13 1954
BUREAU V. S.

Dr. Gray

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11987 CERTIFICATE OF DEATH

11987

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 135 Upton Street,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury,
STREET ADDRESS (If rural give location): 135 Upton Street,

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Pricilla (Last) Arvey

4. DATE OF DEATH: (Month) Dec 31. (Day) (Year) 1954.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Married)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fenale	White		Oct. 2. 1846	108 yrs.	1	29		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	House Work	Bivalve, Md.	U.S.A.

13. FATHER'S NAME: Jacob Larmore

14. MOTHER'S MAIDEN NAME: Charity Insley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Maggie Stacy (daughter) 135 Upton St. Salisbury, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiac Failure	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic C-V Disease	?
	DUE TO (c) Pneumonia	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1954, to Dec 30, 1954, that I last saw the deceased alive on Dec 30, 1954, and that death occurred at 4.30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D Gray	M D	Salisbury Md	12-31-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 3. 1955	Wicomico Mem. Park.	Salisbury, Maryland.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-3-55	Mary W. Holloway	Holloway & Co. Salisbury, Maryland.	

Walter R. Holloway

Walter R. Holloway

VS. A15

RECEIVED
MAY 5 1955
BUREAU V.

11988

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11988 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 12-

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Delaware COUNTY Sussex

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seaford

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Miller WILLIAM Bailey	12 12 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	MARRIED	DEC 11, 1908	45 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FARM OWNER	FARM	DELAWARE	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Bailey	Maggie Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO -	NONE	EDNA C. BAILEY; Seaford Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Gun-shot wound of brain	5 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)
	a home	Seaford Sussex Delaware

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
12 1 54 2:30 P.M.		Father-in-law shot his daughter.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☑, Undetermined cause ☐.

SIGNATURE Earl L. Rayne M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-14-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Dec 15, 1954	BLADES CEMETERY	Blades Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE,	24. FUNERAL DIRECTOR	ADDRESS
12-15-54	Maryell Holloway	Medford L. Watson JR.	Seaford Del

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

11989

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11989

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY WICOMICO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY 1-20
LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PENINSULA GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN POCOMOKE CITY
STREET ADDRESS (If rural give location) 501 Market Street

3. NAME OF DECEASED. (Type or Print) (First) ZITA (Middle) Loftus (Last) BOLAND

4. DATE OF DEATH: (Month) DECEMBER (Day) 16 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write) Single | 8. DATE OF BIRTH: April 13 - 1904 | 9. AGE last birthday 50 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical
10B. KIND OF BUSINESS OR INDUSTRY: Del. & Hudson Railroad Corp. Albany, N.Y.
11. BIRTHPLACE (State or foreign country): Vandling Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Mark Boland
14. MOTHER'S MAIDEN NAME: Anna B. Loftus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Maud Griffin (501 Market St. Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Multiple emboli — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSE (S) (B) DUE TO Endocarditis (Subacute) — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Rheumatic Heart Disease — Known 1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial Insufficiency

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-54, to 12-16-54, that I last saw the deceased alive on Dec. 16, 1954, and that death occurred at 5:55 P.M., from the causes and on the date stated above.
SIGNATURE, M.D. Harold L. Schnure
ADDRESS Salisbury Md.
DATE SIGNED Dec. 16, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 20-54
NAME OF CEMETERY OR CREMATORY St. Rose Cem.
LOCATION (City, town, or county) (State) Eastmeadow Pa.

DATE REC'D BY LOCAL REGISTRAR 12-16-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Wilson & Son
ADDRESS Salisbury Md.

11990

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11991

CERTIFICATE OF DEATH

Item 7, Film G174, 12/10/54 icy

Reg. Dist. No. 332

1. PLACE OF DEATH.
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 406 Elizabeth Street

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) Lassiera (Last) Brown

4. DATE OF DEATH (Month) December (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 30-1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgetown Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Theodore W. Joseph

14. MOTHER'S MAIDEN NAME: Kate W. Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Nathenial B. Brown

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Cerebral Thrombosis — Interval between onset and death: 4 days

ANTECEDENT CAUSE (B) DUE TO: Hypertension — 15 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) (360X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — 10 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24-1954 to 12-1-, 1954 that I last saw the deceased alive on 11-30, 1954, and that death occurred at 9 37 AM, from the causes and on the date stated above.

SIGNATURE AND M. D. Earl M Beardsley — ADDRESS Pittsville Md. — DATE SIGNED 12-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-5-54 — NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park — LOCATION (City, town, or county) Salisbury, (State) Md.

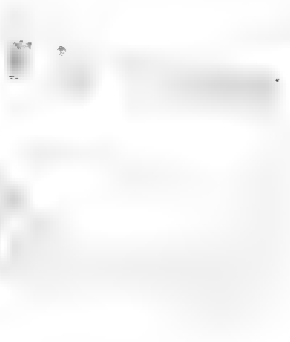
DATE REC'D BY LOCAL REGISTRAR 12-6-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24 FUNERAL DIRECTOR AND ADDRESS Holloways Co. Salisbury Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



11992

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11991 CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury R.
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nelson
STREET ADDRESS (If rural give location) Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) Burris

4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: (Month and Day) (unknown) 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Somerset County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nelson Burris
14. MOTHER'S MAIDEN NAME: Dollie (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) None
17. INFORMANT & ADDRESS: Lela E. Burris, Nelson, Md. R.F.D. #2 Box 103

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Bilateral Broncho-Pneumonia (Severe) — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C) Carcinoma Stomach & Pylone Obstruction 6 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma Prostate & Hemorrhage 6 months

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1954 to Dec. 27, 1954, that I last saw the deceased alive on Dec. 26, 1954, and that death occurred at 4:40 A.M., from the causes and on the date stated above.
SIGNATURE M.D. G. Herbert Sembly ADDRESS Salisbury, Md DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 30, 1954
NAME OF CEMETERY OR CREMATORY Int. Jon Meth. dist. Cemetery
LOCATION (City, town, or county) Quantico, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 12-28-54
REGISTRAR'S SIGNATURE Maryell Holloway
24. FUNERAL DIRECTOR H. H. Crampton & Son
ADDRESS Salisbury, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11993

332

Reg. Dist. No.....

12026

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury X — LENGTH OF STAY (in this place) 1/11/54 - 12/9/54

HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockpoint

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	James		Burroughs	12	9	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	Single	June 13, 1925	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Burroughs

14. MOTHER'S MAIDEN NAME: Hortense Contee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk

16. SOCIAL SECURITY NO.: —

(If Yes, give war or dates of service) Unk

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral embolism — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cause undetermined — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral palsy

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			M.			

22. I hereby certify that I attended the deceased from 1/11, 19 54, to 12/9, 19 54, that I last saw the deceased alive on 12/6, 19 54, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE M. Mulcahy, M.D. (DEGREE OR TITLE) ADDRESS Hosp. Salisbury Md. DATE SIGNED 12/6/54.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-14-54	Holy Ghost	Pocomoke	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-13-54	M. L. Howard Mary Holloway mbh	Hunt & Ryon	Waldorf, Md.

RECEIVED
DEC 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11994

11992 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ane is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Hill Private Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): R.D. # 3

3. NAME OF DECEASED: (First) ARTHUR (Middle) (Last) CAMPBELL
4. DATE OF DEATH: (Month) DEC (Day) 31 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 6, 1893
9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Plumber & Pipe Fitter
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing Co.
11. BIRTHPLACE (State or foreign country): Mt. Carmel Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Campbell
14. MOTHER'S MAIDEN NAME: Elizabeth Ann McKinney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): Unk
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Isabella Campbell (Wife) R.D. # 3

18. MEDICAL CERTIFICATION — Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardiovascular renal disease

Antecedent causes (s) Diseases or sondltions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 50, to Dec 31, 19 54, that I last saw the deceased alive on Dec 30, 19 54, and that death occurred at 2:25 A.M., from the causes and on the date stated above.

SIGNATURE: Ruby G Lusby (Degree or title)
ADDRESS: East Main St. Salisbury Maryland
DATE SIGNED: Dec. 31 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 3, 1955
NAME OF CEMETERY OR CREMATORY: Oak Dale Cemetery
LOCATION (City, town, or county) (State): Hubbard, Ohio

DATE REC'D BY LOCAL REGISTRAR: 1-7-55
REGISTRAR'S SIGNATURE: Mary D. Holloway
24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — SALISBURY — MARYLAND
ADDRESS

Walter R. Holloway

VS. A15

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11995

12027 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Delmar — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar Md. — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) M. (Last) Coleman

4. DATE OF DEATH: (Month) dec (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Nov 12. 1872

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Dorchester co

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Thomas B Coleman

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Lorraine Halloway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Heart Disease	Unk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Diarrhea	Week
	(c) DUE TO Arthritis	Unk.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Delmar (COUNTY) Wicomico (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 12, 1954, to Dec 7, 1954 that I last saw the deceased alive on Dec 5, 1954, and that death occurred at 7 30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Herbert Lembly MD — ADDRESS Salisbury Md — DATE SIGNED Dec 10 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-11-54 — NAME OF CEMETERY OR CREMATORY Middletown cem — LOCATION (City, Town or County) Middletown — (State) Del

DATE REC'D BY LOCAL REGISTRAR 12-10-54 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Baker McLeod — ADDRESS Salisbury, Md.

VS. A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 13 1954
BUREAU V. S.

11996

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11993 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury R.F.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury R.F.
STREET ADDRESS (If rural give location) R.R. #3

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) NANCY (Last) Cordrey

4. DATE OF DEATH (Month) (Day) (Year) December 7 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH May 18, 1879 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR Months 6 Days 19 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work | 10B. KIND OF BUSINESS OR INDUSTRY: At own Home | 11. BIRTHPLACE (State or foreign country): Wicomico Co. Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Minos Wesley Oliphant

14. MOTHER'S MAIDEN NAME: Emma C. Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr, Charles H. Cordrey R. D. # 3 Salisbury, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Carcinoma of Gallbladder	6 mos
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Gall stones	20 yrs
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION Carcinoma Gallbladder & liver | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18/54, to 12/7/54 that I last saw the deceased alive on 12/7, 1954, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE H. H. Bull M.D. ADDRESS 220 N. Dawson St. DATE SIGNED 12/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec 10, 1954 | NAME OF CEMETERY OR CREMATORY Parsons Cemetery | LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-8-54 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY | ADDRESS SALISBURY MARYLAND

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11997

Dr. Hearne 11994

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (Rural give location) R. D. # 4

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) DAVIS
4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 18, 1872
9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Atlantic Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Darby
14. MOTHER'S MAIDEN NAME: No Record
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Harold Parsons (Daughter) R.D. # 4

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Peritonitis
DUE TO (b) Perforated Bowel
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) Carcinoma of Caecum.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1954, to Dec 22, 19 54, that I last saw the deceased alive on Dec 22, 1954, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Carrie L. Kearn M.D. W. Church St. Salisbury, Maryland Dec. 24 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec.26,1954 NAME OF CEMETERY OR CREMATORY Parsons Cemeter y LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-24-54 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 1974
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11998

11995 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury R-2
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md. R-2
STREET ADDRESS (If rural give location) R. R. #4

3. NAME OF DECEASED: (First) PORTER (Middle) (Last) Deal
4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Apr 16, 1890
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Farm & Canning Factory
11. BIRTHPLACE (State or foreign country): Fruitland, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Deal
14. MOTHER'S MAIDEN NAME: Hannah Shockley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WWI
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Katherine Wright-Fruitland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (B) DUE TO: chronic nephritis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. benign prostatic hypertrophy — unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to .. 12/21, 19.54 that I last saw the deceased alive on 12/21 19.54, and that death occurred at 1:55 P.M. from the causes and on the date stated above.
SIGNATURE Carl M Beadsley M. D. ADDRESS Pittsville Md DATE SIGNED 12-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 12-24-54 | NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery | LOCATION (City, town, or county) (State) Fruitland Md.

DATE REC'D BY LOCAL REGISTRAR 12-22-54 | REGISTRAR'S SIGNATURE Mary W. Holloway | UNDERTAKER OR DIRECTOR Mary A. Stewart | ADDRESS Peninsula General Home Salisbury Md

DEC
BUREAU

11999

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11996 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) Twice
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mardela
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) E (Last) Elzey

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: April 16, 1923 | 9. AGE last birthday: 31 yrs. | IF UNDER 1 YEAR: Months 7 Days 20 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker | 10B. KIND OF BUSINESS OR INDUSTRY: Oyster House | 11. BIRTHPLACE (State or foreign country): White Haven | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel White | 14. MOTHER'S MAIDEN NAME: Vanhoose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 215-16-819 | 17. INFORMANT & ADDRESS: Wilbourne Elzey, Mardela, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Subphrenic abscess & bronchopneumonia

ANTECEDENT CAUSE (B) DUE TO Peritonitis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Salpingitis & tubo ovarian abscess.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11 30 54 | 19B. MAJOR FINDINGS OF OPERATION: Tubo ovarian abscess Lft & pelvic peritonitis. | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30 , 1954, to Dec. 6 , 1954, that I last saw the deceased alive on Dec 6 , 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Sidney W. Little, M.D. ADDRESS 706 Cinder Cone-Salis DATE SIGNED 12-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/12/54 | NAME OF CEMETERY OR CREMATORY White Haven Cem. | LOCATION (City, town, or county) (State) White Haven, Md.

DATE REC'D BY LOCAL REGISTRAR 12-8-54 | REGISTRAR'S SIGNATURE Harold Kenneth Conway | 24. FUNERAL DIRECTOR C. D. Messick, Bivalve, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12000

11997 CERTIFICATE OF DEATH Reg. Dist. No. 232

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount
STREET ADDRESS (If rural give location) 2

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Ford

4. DATE OF DEATH: (Month) (Day) (Year) December 30 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12-30-54

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 hrs Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Lee Ford

14. MOTHER'S MAIDEN NAME: Janice Rosalind Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Father - Richard Lee Ford Upper Fairmount, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) atelectasis, bilateral, & anpremia — INTERVAL BETWEEN ONSET AND DEATH 5 hrs

ANTECEDENT CAUSE (B) DUE TO Cerebral Hemorrhage, subarachnoid type "Berry"

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Prematurity - precipitous labor

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1954, to Dec 30, 1954, that I last saw the deceased alive on Dec 31, 1954, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE Robert H. Sanderson Jr. M. D. ADDRESS 926 N. Division St Salisbury DATE SIGNED Dec 31, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 12/31/54 | NAME OF CEMETERY OR CREMATORY Peninsula General Hospital | LOCATION (City, town, or county) (State) Salisbury Md

DATE REC'D BY LOCAL REGISTRAR 1-3-55 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS Salisbury

RECEIVED
JAN 5 1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12001

12028 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1 PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) F. (Last) Gaskill

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Oct. 14 1883 | 9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): White Haven, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Dashiell | 14. MOTHER'S MAIDEN NAME: Laura Horsey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: Jesse Gaskill, Newark, N. J.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 4 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21st, 1954, to Dec. 24th, 1954, that I last saw the deceased alive on Dec. 24th, 1954, and that death occurred at 3.30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) William E. Gunby M.D. ADDRESS Hebron, Md. DATE SIGNED Dec. 27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 29-54 | NAME OF CEMETERY OR CREMATORY Head of Creek Cem. | LOCATION (City, town, or county) (State) Quantico, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-30-54 | REGISTRAR'S SIGNATURE Mary M. Holloway | 24. FUNERAL DIRECTOR Cornelius D. Messick, Bivalve, Maryland | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12002

11998 **CERTIFICATE OF DEATH**

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Rt 2
LENGTH OF STAY (in this place) 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
STREET ADDRESS (If rural give location) Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Reginald (Middle) H. (Last) Gill

4. DATE OF DEATH: (Month) (Day) (Year) December 29 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH. JUNE 21, 1892

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Army Officer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Gill

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. R. H. Gill Jr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4:

(A) DUE TO Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 9 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1954 to Dec 29, 1954 that I last saw the deceased alive on Dec 28, 1954, and that death occurred at 6 05 A.M., from the causes and on the date stated above.

SIGNATURE M.D. David F. Gilmore ADDRESS Salisbury Md. DATE SIGNED Dec. 29, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1/3/1955

NAME OF CEMETERY OR CREMATORY U.S. National Cemetery

LOCATION (City, town, or county) (State) Beverly, N.J.

DATE REC'D BY LOCAL REGISTRAR 12-30-54

REGISTRAR'S SIGNATURE Mary M Holloway

24. FUNERAL DIRECTOR Hill & Johnson Co ADDRESS 705 East Main St. Salisbury, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12003

11999 CERTIFICATE OF DEATH Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 10 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Carl (Middle) Carshner (Last) Green Sr.

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH. July 3, 1889
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood And Produce Broker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Jefferson Green
14. MOTHER'S MAIDEN NAME: Virginia Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) I
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Carl Green Marion, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardio-vascular renal disease
DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1954, to 12-4, 1954 that I last saw the deceased alive on 12-3, 1954, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE Rubyd Tinsley M. D. ADDRESS Salisbury Md DATE SIGNED 12-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 12-6-1954
NAME OF CEMETERY OR CREMATORY ST. Paul cemetery
LOCATION (City, town, or county) (State) Marion, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-6-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Leon P. Watson ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

12004

12000 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12 — LENGTH OF STAY (In this place) 24 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton — STREET ADDRESS (If rural, give location) Rural #1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H. (Last) Hancock

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: Aug 7 1860 — 9. AGE last birthday: 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Own farm — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Henry Hancock — 14. MOTHER'S MAIDEN NAME: Elizabeth Redden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT AND ADDRESS: Mrs Isabelle H. Barnes / Stockton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Arteriosclerosis	10 yrs
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease Myocardial Insufficiency	
	(c) Fracture Right Femur (Intertrochanteric)	4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Epidermoid Carcinoma of face	5 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Stockton — (COUNTY): Worc. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12 20 54 7 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? fell out of Bed.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Lewis L. Layton — (Degree or title): MD — ADDRESS: Snow Hill — DATE SIGNED: 12-27-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 27-1954 — NAME OF CEMETERY OR CREMATORY: Gumby Presbyterian Ch — LOCATION (City, town, or county): Stockton — (State): Md

DATE REC'D BY LOCAL REG. 12-28-54 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: Jenny H. Watson — ADDRESS: Pocomoke Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12005

12001 CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Del. COUNTY Sussex
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel Rt 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Irvin (Middle) (Last) Hastings

4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12/5/1884
9. AGE last birthday 70 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ebe Hastings
14. MOTHER'S MAIDEN NAME: Harriett Eugene
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Irvin Hastings. Rt 2 Laurel Del

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypo-Renal Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Liver damage - cause — 2 yrs

DUE TO (C) Cholecholithiasis — 4 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-30-54
19B. MAJOR FINDINGS OF OPERATION: Cholecholithiasis cause
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-, 1954, to 12/9/, 1954, that I last saw the deceased alive on 12-9-, 1954 and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE Nick Brule M. D. M. D. ADDRESS 2200 Mission St DATE SIGNED 12-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/12-54
NAME OF CEMETERY OR CREMATORY: Bethel Church Cemetery
LOCATION (City, town, or county) (State): Bethel Delaware

DATE REC'D BY LOCAL REGISTRAR: 12-14-54
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Warren L. Dashiell Jr
ADDRESS: Laurel Del.

RECEIVED
DEC 17 1
BUREAU V. S.

W. Lambdin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12006

12002 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location) R.R.#2, Box 273

3. NAME OF DECEASED: (Type or Print) (First) Craig (Middle) Rodney (Last) Hayward

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1954

5. SEX male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Aug 20 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 3 Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bryn Mawr, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otis Hayward

14. MOTHER'S MAIDEN NAME: Martha Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16 SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Martha Hayward

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Gastroenteritis, Acute

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 days?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1954, to 12-7, 1954, that I last saw the deceased alive on 12-7, 1954, and that death occurred at 3:50 PM, from the causes and on the date stated above.

SIGNATURE Morris A. Lambdin M.D. ADDRESS 707 Camden, Salisbury Md DATE SIGNED 12-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 12-9-54 | NAME OF CEMETERY OR CREMATORY St Mark's Cemetery | LOCATION (City, town, or county) (State) Oakesville, Md

DATE REC'D BY LOCAL REGISTRAR 12-9-54 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR William H. Jones ADDRESS Princess Anne

S. A15—10-53

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12007

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Phys___: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen;; Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): R.D. #

3. NAME OF DECEASED: (Type or Print) (First) AUSTIN (Middle) EVERETT (Last) HEARNE

4. DATE OF DEATH (Month) (Day) (Year): DEC 23 rd 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 7, 1890

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months 5 Days 16 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Soil Conservation (State Employee)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Willards Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charlie Hearne

14. MOTHER'S MAIDEN NAME: Mary Malinda Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Martha M. Hearne (Wife) R.D. # Willards Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

410.1

Immediate cause (a) Fracture Skull & Intra cranial — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hemorrhage

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 12-21-54 — 19b. MAJOR FINDING OF OPERATION: Depressed fracture skull & Hemorrhage — 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. — 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Field — 21c. (City or town) Willards (County) Wicomico (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 21 54 9:30 A.M. — 21e. INJURY OCCURRED While at work ☑ Not while at work ☐ — 21f. HOW DID INJURY OCCUR? Driving tractor & was run over by truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: Dec. 24 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 25, 1954 — NAME OF CEMETERY OR CREMATORY: Willards Methodist Cemetery — LOCATION (City, town, or county) (State): Willards Maryland

DATE REC'D BY LOCAL REG. 12-24-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY SALISBURY MARYLAND — ADDRESS

Walter R. Holloway Walter R. Holloway

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12008

Dr. Wm Gray 12004

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Salisbury
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 303 Locust Terrace

3. NAME OF DECEASED: (Type or Print) (First) IRVING (Middle) THOMAS (Last) HEATH

4. DATE OF DEATH: (Month) DEC (Day) 16 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 31, 1912

9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Wayne Pump Co.

11. BIRTHPLACE (State or foreign country): Champ Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas Heath

14. MOTHER'S MAIDEN NAME: Mae Mc Daniel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Eleanor S. Heath (Wife) 303 Locust Terrace Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Myocardial Infarction — Interval Between Onset And Death: 10 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16 ..., 19 54, to 10/16 ..., 19 54, that I last saw the deceased alive on 10/16, 19 54, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William D Gray MD

ADDRESS 1 Camden Ave. Salisbury, Maryland

DATE SIGNED December 17 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 18, 1954

NAME OF CEMETERY OR CREMATORY Oriole Cemetery - Oriole, Maryland (Near Princess Ann Md)

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 12-18-54

REGISTRAR'S SIGNATURE Maryll. Holloway

24. FUNERAL DIRECTOR ADDRESS
HOLLOWAY & COMPANY SALISBURY MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12009

CERTIFICATE OF DEATH

Dr. Royer 12005

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) R. D. # 1 (St. Luke Rd)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) VIRGIE (Last) HITCH

4. DATE OF DEATH: (Month) DEC (Day) 7 th (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 13, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Mt. Vernon Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Henry Jones

14. MOTHER'S MAIDEN NAME: Annie E. Murriell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Samuel Clarence Hitch (Husband) R.D. # 1 St. Luke Rd. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Coronary Occlusion — Interval Between Onset And Death Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arterio Sclerotic Heart Disease years.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1 ..., 1954, to Dec 7th, 1954, that I last saw the deceased alive on 12-7 ..., 1954, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE Ruth Royer M.D. (Degree or title) ADDRESS 1 Camden Ave. Salisbury, Maryland DATE SIGNED Dec 8 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 9, 1954 NAME OF CEMETERY OR CREMATORY Nassawango Cemetery -Near Salisbury- LOCATION (City, town, or county) Snow Hill Rd. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 12-8-54 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY ADDRESS MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1201(0)

12029

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tacoma pk
STREET ADDRESS (If rural, give location) 709 Devonshire rd.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Vincent (Last) Hoover

4. DATE OF DEATH: (Month) Dec. (Day) 3rd (Year) 1954

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar

8. DATE OF BIRTH: Aug. 13th 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No Record

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington County Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Hoover

14. MOTHER'S MAIDEN NAME: Lucy Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) /
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a)	Coronary insufficiency	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Residual left hemiplegy post cerebral hemorrhage 8 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

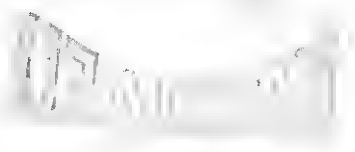
22. I hereby certify that I attended the deceased from 11/7, 1954, to 12/3, 1954, that I last saw the deceased alive on 12/3, 1954, and that death occurred at 6 10 p.m., from the causes and on the date stated above.

SIGNATURE Dr. V Heuerman — (DEGREE OR TITLE) M.D. — ADDRESS Deer's Head State Hospital — DATE SIGNED 12/3/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Dec 7 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Lurdland (State) Md.

DATE REC'D BY LOCAL REG. 12-6-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. Salisbury — ADDRESS Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12011

12006 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury R 2
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomac
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chincoteague Va
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) J (Last) Jester

4. DATE OF DEATH: (Month) December (Day) 22 (Year) 1954.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH June 1-1887 | 9. AGE last birthday 67 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chincoteague Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James G Jester
14. MOTHER'S MAIDEN NAME: Ann Elizabeth Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS. Chincoteague Va

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1954, to 12-22, 1954 that I last saw the deceased alive on 12-22, 1954, and that death occurred at 8:05 AM, from the causes and on the date stated above.

SIGNATURE: Willem R. Ellis, Jr. M.D. ADDRESS: M.D. Salisbury, Md. DATE SIGNED: 12-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 12/26/54
NAME OF CEMETERY OR CREMATORY: Mechanics Cemetery
LOCATION (City, town, or county) (State): Chincoteague Va

DATE REC'D BY LOCAL REGISTRAR: 12-22-54
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Walter McCloskey
ADDRESS

12007

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 12007

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Herman Rd X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Mt. Herman Rd

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	EDWARD	KELLEY	Dec	28 th	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 5,1887	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Road Construction Employee	Powellville, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John W. Kelley	Katherine Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk		Mrs. Lillie D. Kelley (Wife) Mt. Herman Rd. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arterio-Sclerotic Heart Disease	Years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earle Kruger M. D. CHIEF MEDICAL EXAMINER ☑ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-29-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 1,1955	Parsons Cemetery	Salisbury, Maryland

DATE REC'D BY LOCAL REG. 12-30-54 FUNERAL DIRECTOR'S SIGNATURE Mary W. Holloway Walter R. Holloway

24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND

Walter R. Holloway

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12013

12008 CERTIFICATE OF DEATH Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 629 Fitzgerald st.

3. NAME OF DECEASED: (Type or Print) (First) Seamer (Middle) (Last) Killmon

4. DATE OF DEATH (Month) December (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 27, 1900
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hosiery Knitter
10B. KIND OF BUSINESS OR INDUSTRY: Taylor Heating Co
11. BIRTHPLACE (State or foreign country): Accomac Co. Va
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Killmon
14. MOTHER'S MAIDEN NAME: Lulu Lank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Seamer Killmon 629 Fitzgerald St Salisbury Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarct, acute — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic coronary thrombosis — " "

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1954 to 12-22-1954, that I last saw the deceased alive on 12-22, 1954, and that death occurred at 11:50 M, from the causes and on the date stated above.

SIGNATURE Wilbur R. Ellis, Jr. ADDRESS M. D. Salisbury, Md. DATE SIGNED 12-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/26/54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Berlin Md

DATE REC'D BY LOCAL REGISTRAR 12-28-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Dana A Burbage
ADDRESS Berlin Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12014

12030

CERTIFICATE OF DEATH

Reg. Dist. No. 322

Item 9, Film 175 1-7-55 et

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest TOWN) SALISBURY
MARYLAND
LENGTH OF STAY (in this place) 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DELMAR
STREET ADDRESS (If rural, give location) 607 E. CHESTNUT

3. NAME OF DECEASED: (First) Tillie (Middle) B. (Last) KINNEY
4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 6-41886
9. AGE last birthday: 68 /67/ yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Johnstown, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: FRANK X. BOXLER
14. MOTHER'S MAIDEN NAME: MARY SCHUMACKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: DEER'S HEAD HOSPITAL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1954, to 12/26, 1954, that I last saw the deceased alive on 12/26, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.
SIGNATURE AND DEGREE OR TITLE: H. Mendelow M.D. ADDRESS: 1 Doctors Park Salisbury Md. DATE SIGNED: 12/26/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-29-54
NAME OF CEMETERY OR CREMATORY: Mardela
LOCATION (City, town, or county) (State): Mardela Md.
DATE REC'D BY LOCAL REG. 12-28-54
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR AND ADDRESS: W. S. Hearn Co-Delmar Del

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12015

12009 CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place): About 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - 414 E. Rose St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 414 E. Rose Street

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) Alice (Last) Lewis

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: About 1893

9. AGE last birthday: About 61 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Parsonsburg, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Solomon Trader

14. MOTHER'S MAIDEN NAME: Elizabeth Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Hattie Waller, 417 E. Rose St. Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Thrombosis.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 19 54 to December 9th, 19 54, that I last saw the deceased alive on October 18, 19 54, and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE: C. J. Pearn (Degree or title) MD ADDRESS 113 W. Church St DATE SIGNED 12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-13-'54 — NAME OF CEMETERY OR CREMATORY: Glass Hill Cemetery — LOCATION (City, town, or county) (State): Parsonsburg, Wicomico Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 12-13-54 — REGISTRAR'S SIGNATURE: Marshall Freeman

24. FUNERAL DIRECTOR ADDRESS: Mary A. Stewart, 324 E. Church St., Salisbury, Maryland

STEWART FUNERAL HOME

VS. A15

RECEIVED
DEC 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12016

12010 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) R.D. # 3 Mt Herman Rd

3. NAME OF DECEASED: (Type or Print) (First) MILDRED (Middle) BERTHA (Last) LIVINGSTON

4. DATE OF DEATH: (Month) DEC (Day) 16 th (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 6, 1904

9. AGE last birthday: 50 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Smith

14. MOTHER'S MAIDEN NAME: Emma L. Wienecke

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. W. Calvin Livingston (Husband) R.D.# 3

18. MEDICAL CERTIFICATION Mt. Herman Rd. Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Amyloidosis	6 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic hypertensive cardiovascular disease	30 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Calculus Biliary calculi

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6 1950, 19 ..., to Dec 16 19 54, that I last saw the deceased alive on Dec 16, 1954, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alberta Mckearney Mattox M.D. Camden Ave. Salisbury, Maryland December 19 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 19, 1954

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-19-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND

ADDRESS

Walter R. Holloway

DEC 22 19..
...AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12017

12011 CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland. COUNTY Somerset.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location) Route # 3.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) M (Last) Marsh.

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1954.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH Feb 16 1898 | 9. AGE last birthday 56 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John B. Beatty | 14. MOTHER'S MAIDEN NAME: Lillian Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Miss Catherine Hackett Route 3 Princess Anne

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1954 to 12-20, 1954, that I last saw the deceased alive on 12-20, 1954, and that death occurred at 10:25 PM, from the causes and on the date stated above.

SIGNATURE David L. Gilmore M. D. | ADDRESS Salisbury Md | DATE SIGNED Dec. 20, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec 23 1954 | NAME OF CEMETERY OR CREMATORY All Saints Memorial Cemetery | LOCATION (City, town, or county) (State) Westover Md.

DATE REC'D BY LOCAL REGISTRAR 12-21-54 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR James Kennon | ADDRESS Princess Anne Md

MARYLAND STATE DEPARTMENT OF HEALTH

12018

12031

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL) and OR TOWN give nearest town) Salisbury Md
LENGTH OF STAY (In this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Good Wall - Rural
STREET ADDRESS (If rural, give location) Walter Pedden's Farm

3. NAME OF DECEASED (Type or Print) (First) Shirley (Middle) Dianne (Last) Marshall

4. DATE OF DEATH (Month) Dec (Day) 6th (Year) 1954

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 10-195[illegible]

9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Pocomoke City Md R2R

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Willard Randolph Marshall

14. MOTHER'S MAIDEN NAME Elizabeth Crapper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Stanton Md RFD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Burns

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 hr. 3 days

OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Carbon Monoxide Child Left alone with Open Fire

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) Nov (Day) 3 (Year) 1954 (Hour) 2 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Child's clothes caught fire while putting papers in the stove

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Dr. W. L. Cartanis (Degree or title) Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 12/6/54

23. DISPOSITION (Burial, Cremation, Removal, Other)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/8/54	Wardtown	Pocomoke Md.

DATE RECD BY LOCAL REGISTRAR 12-11-54

REGISTRAR'S SIGNATURE Vivian M. McGilvray

24. FUNERAL DIRECTOR Edgar W Norton ADDRESS New Church, Va.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

US A15A

DEC
BUREAU

12019

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12012

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury 12
LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Seaford
STREET ADDRESS (If rural give location): 104 FRONT STREET

3. NAME OF DECEASED: (Type or Print) (First) Vincent (Middle) JOSEPH (Last) MARZULLO

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: JAN 6, 1906

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOE REPAIRING

10B. KIND OF BUSINESS OR INDUSTRY: VINLENTS SHOE REPAIR

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: VINCENT MARZULLO

14. MOTHER'S MAIDEN NAME: ROSE SERIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS. HELEN M. MARZULLO - SEAFORD, DEL.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | **19B. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | **21B. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.) | **21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | **21E. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 10/29/, 1954 to 12/2/, 1954 that I last saw the deceased alive on ....., 19..., and that death occurred at 4:25 AM, from the causes and on the date stated above.

SIGNATURE: Ward J. Gelmore, M.D. — ADDRESS: Salisbury Md — DATE SIGNED: Dec. 2, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 6 DEC 1954 — NAME OF CEMETERY OR CREMATORY: OUR LADY OF LOURDES CEMETERY — LOCATION (City, town, or county) (State): BLADES, DELAWARE

DATE REC'D BY LOCAL REGISTRAR: 12-6-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: MEDFORD L. WATSON JR. — ADDRESS: SEAFORD, DEL

12032

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 12041

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fruitland — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinecrest Cabins

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 401 4th St.

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) I (Last) Mason

4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct 1, 1902

9. AGE last birthday: 52 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Serviceman

10b. KIND OF BUSINESS OR INDUSTRY: Gas Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lourenzo D. Mason

14. MOTHER'S MAIDEN NAME: Hattie Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 219-07-4215

17. INFORMANT & ADDRESS: Mrs. Hattie Mason, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/30/54 — NAME OF CEMETERY OR CREMATORY Baptist Cemetery — LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. 12-30-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12033 CERTIFICATE OF DEATH

12021

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Mardela
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1 (Athol)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mardela (Athol)
STREET ADDRESS (If rural give location) R.D. # 1 (Athol)

3. NAME OF DECEASED: (Type or Print) (First) PORTER (Middle) (Last) MOSELEY

4. DATE OF DEATH: (Month) DEC (Day) 11 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 2, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Furness Service

10b. KIND OF BUSINESS OR INDUSTRY: - Geo. L. Ralph Oil Co.

11. BIRTHPLACE (State or foreign country): Nashville Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Moseley (Deceased)

14. MOTHER'S MAIDEN NAME: Elizabeth Majors (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. # 1

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Blanche Ann Moseley (Wife) R.D.# 1 Athol

18. MEDICAL CERTIFICATION Mardela, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach c

DUE TO Metastasis to Liver

Interval Between Onset And Death: 10 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1954, to Dec 11, 1954, that I last saw the deceased alive on Dec 11, 1954, and that death occurred at 10:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. S. Kuhlman M.D. Sharptown, Maryland December 13 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec 14,1954

NAME OF CEMETERY OR CREMATORY Mardela Cemetery

LOCATION (City, town, or county) (State) Mardela, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-15-54

REGISTRAR'S SIGNATURE Maryell Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

VS. A15

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12022

12034

CERTIFICATE OF DEATH

Dr. Wm. Smith

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Hebron

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. # 2 Salisbury, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hebron

STREET ADDRESS (If rural give location): R.D. # 2 Salisbury, Maryland

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ELLSWORTH (Last) O'GRADY

4. DATE OF DEATH: (Month) DEC (Day) 7th (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Male	White	Widowed	June 20, 1881	73 yrs.	5	17		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	On Farm (Farming)	Richmond, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
No Record	No Record

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
Unk		Mrs. Margaret E. Savage- R.D. # 2 (Hebron Md) Salisbury, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardiac Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Carcinoma Liver

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1954, to 12-7, 19 54, that I last saw the deceased alive on 12-7, 19 54 and that death occurred at 11:59 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. B. Smith M.D. — ADDRESS: Salisbury, Maryland — DATE SIGNED: Dec. 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 11, 1954	Parsons Cemetery	Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-8-54 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

Walter R. Holloway

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~12013~~ 12023

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke 23-42-2; STREET ADDRESS (If rural give location) 927 Clarke Ave.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) J. (Last) Parks

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Apr 26, 1894

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Luther J. Custis

14. MOTHER'S MAIDEN NAME: Nancy Lee Hinman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mr. Earl C. Parks, Pocomoke, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE (B) DUE TO Chronic nephritis — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1954 to 12-15, 1954, that I last saw the deceased alive on 12-15, 1954, and that death occurred at 4:20 PM, from the causes and on the date stated above.

SIGNATURE AND M.D. Earl L Ryan M.D. ADDRESS 407 Camden Ave DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF: Dec 18, 1954 | NAME OF CEMETERY OR CREMATORY: Nelson Cemetery | LOCATION (City, town, or county) (State): Pocomoke, Md

DATE REC'D BY LOCAL REGISTRAR 12-17-54 | REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Dennis T Watson, Pocomoke, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12024

12035

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 E. State St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) 420 E. State St.

3. NAME OF DECEASED: (Type or Print) (First) Ira (Middle) E. (Last) Phillips

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. [redacted] (Specify): Married

8. DATE OF BIRTH. 12-28-1869

9. AGE last birthday 84 yrs

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Sharptown, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Phillips

14. MOTHER'S MAIDEN NAME: Adeline Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. 719-03-1375

17. INFORMANT & ADDRESS: Enola Phillips, Delmar, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) coronary occlusion — 1 hour

DUE TO (C) arteriosclerosis coronary ? generalized ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to Dec 19, 1954, that I last saw the deceased alive on Dec 19, 1954, and that death occurred at 5 40 P M, from the causes and on the date stated above.

SIGNATURE H. V. Sobler M. D. ADDRESS Delmar Md DATE SIGNED 12-21-54

23. BURIAL, [redacted] DATE THEREOF Burial 12-22-54 NAME OF CEMETERY [redacted] Mt Olive LOCATION (City, town, or county) (State) Delmar, Del.

DATE REC'D BY LOCAL REGISTRAR December 22 54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS H. S. Mason Co-Delmar, Del.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12025

12014 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Salisbury Md.
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury 12 (Allen 10 mi)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen
STREET ADDRESS (If rural give location) Salisbury Md

3. NAME OF DECEASED: (Type or Print) (First) Velma (Middle) F. (Last) Polk

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: A.A. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 7/4 1900 | 9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Allen, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren Dorman
14. MOTHER'S MAIDEN NAME: Nora Tull

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219053274
17. INFORMANT & ADDRESS: Ulysses Polk

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... Myocarditis (Cor Pulmonale). DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bilateral Broncho Pneumonia DUE TO

(c) Pulmonary Tuberculosis

Interval Between Onset And Death: (a) several months; (b) 3 weeks.; (c) several years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9th, 1954, to Dec 30th, 1954, that I last saw the deceased alive on 12/29, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. F. Fisher MD

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-2-55 | NAME OF CEMETERY OR CREMATORY Friendship Cemetery | LOCATION (City, town, or county) (State) Allen Md.

DATE REC'D BY LOCAL REGISTRAR 1-3-55 | REGISTRAR'S SIGNATURE Mary M. Holloway | 24. FUNERAL DIRECTOR J. F. STEWART FUNERAL HOME Mary A. Stewart | ADDRESS 324 E. Church St Salisbury, Md.

VS. A15

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12026

12036

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 18 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Head St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Market ext.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) C. (Last) PUSEY

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: March 1876

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Pusey

14. MOTHER'S MAIDEN NAME: Mary Purves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Deer Head St. Hosp. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Infarction of myocardium — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) due to embolism

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ca of prostate gland c bony metastasis 3y

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9/54 to 12/26/54, that I last saw the deceased alive on 12/26/54, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

SIGNATURE J. L. Madden, M.D. (DEGREE OR TITLE) Deer Head St Hospital Salisbury Md ADDRESS DATE SIGNED 12/26/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 12-29-54 | NAME OF CEMETERY OR CREMATORY Butler Cemetery | LOCATION (City, town, or county) Pocomoke, Md (State)

DATE REC'D BY LOCAL REG. 12-28-54 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Henry L. Watson ADDRESS Pocomoke, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12027

12015

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
STREET ADDRESS (If rural give location) 2nd & Wood

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) D. (Last) RUARK

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 19 54

5. SEX M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, (DIVORCED) (Specify):

8. DATE OF BIRTH: Mar. 2, 1887?

9. AGE last birthday 67? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Snow Hill Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Minos Ruark

14. MOTHER'S MAIDEN NAME: Sarah Belle Wingate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Flora Wingate Berlin Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis, Auto — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Atherosclerosis — 13 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension Essential

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 19 54, to Dec. 29, 19 54 that I last saw the deceased alive on Dec. 29, 19 54, and that death occurred at 5:18 A.M. from the causes and on the date stated above.

SIGNATURE David J. Gelsinger M. D. ADDRESS Salisbury Md. DATE SIGNED Dec. 29, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Dec. 31, 1954 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) (State) Berlin, Md.

DATE REC'D BY LOCAL REGISTRAR 12-30-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Irma A. Bunting ADDRESS Berlin Md

12037

12029

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Mardella

LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Home- Mardella, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY [illegible]

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mardella

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emerson (Middle) Harcourt (Last) Thomas

4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	[illegible]	[illegible] 14, 1[illegible]	[illegible]				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
		Maryland	USA

13. FATHER'S NAME: Levin Lorn Thomas

14. MOTHER'S MAIDEN NAME: Esther Colbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Mother- Mrs. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) [illegible]	[illegible]
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. [illegible]

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12-10-54	Methodist Cemetery	Mardela Springs, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-10-54	Mary M. Holloway	Esther N. Thomas	

20944994395

BUREAU V. S.

12016

12030

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS PENINSULA GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY ~~[illegible]~~ Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ocean City, Md.
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Leonard (Last) Thornton

4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 31, 1921

9. AGE last birthday: 33 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): GAS EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY: SUBURBAN GAS CO.

11. BIRTHPLACE (State or foreign country): CHINCOTEAGUE VA

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ELMER THURNTON

14. MOTHER'S MAIDEN NAME: VIRGINIA FOSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WORLD WAR II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. J. LEONARD THORNTON, OCEAN CITY, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] DUE TO — 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) Salisbury (County) [illegible] (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 24 54 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Emil L Royer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 12 28 54

NAME OF CEMETERY OR CREMATORY Bruington

LOCATION (City, town, or county) CHINCOTEAGUE (State) VA.

DATE REC'D BY LOCAL REG. 12-28-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Emma D Bunting

ADDRESS Berlin Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12051

12017 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural give location) 306 Washington St

3. NAME OF DECEASED: (Type or Print) (First) MILDRED (Middle) VIRGINIA (Last) TWILLEY

4. DATE OF DEATH: (Month) DECEMBER (Day) 21 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May [redacted], 1907

9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At own Home

11. BIRTHPLACE (State or foreign country): Somerset County Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William D. Daugherty

14. MOTHER'S MAIDEN NAME: Florence Darby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edward H. Twilley (Husband)

18. MEDICAL CERTIFICATION 306 Washington St. Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of Uterus — Interval Between Onset And Death: 2 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5-0, 19 , to 12-21, 1954, that I last saw the deceased alive on 12-20, 1954, and that death occurred at 7:10 A.M. from the causes and on the date stated above.

SIGNATURE Lee L Laury M.D. (Degree or title) ADDRESS N. Division St. Salisbury, Maryland DATE SIGNED December 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 23, 1954
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) Salisbury, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 12-22-54
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY
ADDRESS SALISBURY MARYLAND

Walter R. Holloway

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~12018~~ 12032

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 116 Olive St.

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) C. (Last) WALKER

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 31, 1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR: Months 8 Days 15 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10B. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Walker

14. MOTHER'S MAIDEN NAME: Josephine Headly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Miss. Mary Walker, Aiken S.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2043

IMMEDIATE CAUSE (A) acute Lymphatic Leukemia

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19.., to ...., 19..., that I last saw the deceased alive on ...., 19...., and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE A. C. Mitchell M.D. ADDRESS Salisbury Md DATE SIGNED 12/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 20, 1954

NAME OF CEMETERY OR CREMATORY Dunny Ridge

LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-18-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Leonard D. Cunnington ADDRESS Crisfield Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12033

12038

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury X

LENGTH OF STAY (in this place): 10 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield 19.3

STREET ADDRESS (If rural, give location): Somerset Avenue

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	SIDNEY	L.	WALKER		12	17	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 1866	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Zachoriah Walker	Liza Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	--	--	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	arteriosclerotic Heart	2 y.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	disease.	
	DUE TO (c)	arteriosclerosis, Gen	2.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
--	--	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
--			M.			--

22. I hereby certify that I attended the deceased from 2-3, 1954, to 12-17, 1954, that I last saw the deceased alive on 12-16, 1954, and that death occurred at 4.10 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: Crisfield Md. DATE SIGNED: 12-17-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 19, 1954	St. Peter's Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-19-54	Maryd W. Holloway	Bradshaw Funeral Parlor	Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12034

12039 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SALISBURY
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
STREET ADDRESS (If rural, give location) 133 PINE STR.

3. NAME OF DECEASED: (First) CAD (Middle) OLIVER (Last) WHITE
4. DATE OF DEATH: (Month) Decemb. (Day) 19th (Year) 1954
5. SEX: M.
6. COLOR OR RACE: Negroe
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 18th 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Durham N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Simpson WHITE
14. MOTHER'S MAIDEN NAME: FRANCES BRANDON.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: HOSPITAL RECORDS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Generalized carcinomatosis & Cachexy	5 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Ca of stomach	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease — ?

19a. DATE OF OPERATION: (/) 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29/, 1954, to 12/19, 1954, that I last saw the deceased alive on 12/19, 1954, and that death occurred at 12.15 p.m., from the causes and on the date stated above.

SIGNATURE Dr. V Sherman (DEGREE OR TITLE) M.D. ADDRESS Deers Head State Hospital, Salisbury DATE SIGNED 12/19/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF 12-23-54
NAME OF CEMETERY OR CREMATORY Cambridge Cem
LOCATION (City, town, or county) Cambridge (State) md
DATE REC'D BY LOCAL REG. 12-20-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Herbert W. St Clair ADDRESS Cambridge md.

DEC
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12035

12019

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dame Quarter
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) (Last) White

4. DATE OF DEATH: (Month) (Day) (Year) December 17 1954

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-17-1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jame White
14. MOTHER'S MAIDEN NAME: Clara Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Jessie White

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arterio-sclerotic Heart Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4, 1954, to 12/17, 1954 that I last saw the deceased alive on 12/17, 1954, and that death occurred at 8:03 PM, from the causes and on the date stated above.

SIGNATURE Fred R Travers M. D. ADDRESS Salisbury Md DATE SIGNED 12/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12-19-1954
NAME OF CEMETERY OR CREMATORY: Dame Quarter Cemetery
LOCATION (City, town, or county) (State): Dames Quarter Md

DATE REC'D BY LOCAL REGISTRAR: 12-11-54
REGISTRAR'S SIGNATURE: Mary H. Holloway
24. FUNERAL DIRECTOR: Lewis R Wilson
ADDRESS: Princess Anne Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Earl L. Royer 12020 (Daughter)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 12031

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 882

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 South Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 716 South Division St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHERYL	PEARL	WHITELOCK	DEC	18 th	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single Child	Nov. 6 th, 1951	3 yrs.	1	12		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Wicomico Co. Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Norman Lewis Whitelock	Evelyn Louise Owens (Deceased same day)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mr. Norman Lewis Whitelock (Father) 716 South Division St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 3rd Burns	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No XX

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
		Salisbury	Wicomico	Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
Dec 18 54 7.30 A.M.		Trapped on 2nd Floor - House Burned

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L. Royer M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED Dec 19 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 21, 1954	Wicomico Memorial Park	Salisbury, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-28-54	Mary M. Holloway	HOLLOWAY & COMPANY	SALISBURY MARYLAND

Walter R. Holloway

Dr. Earl L. Royer 12021 (Mother)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 12037

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 South Division St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 716 South Division St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EVELYN	LOUISE	WHITELOCK	DEC	18 th	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 8th 1924	30 yrs.	6	10		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Checker in Dry	Cleaning Plant	Wicomico Co. Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herman Owens	Pearl Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mr. Norman Lewis Whitelock (Husband) 716 South Division St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 3rd° Burns

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
		Salisbury	Wicomico	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
Dec 18 54 7:30 P.M.			Turpentine Mixture Burned

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L. Royer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Dec. 19 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1954	Wicomico Memorial Park	Salisbury, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-54	Mary W. Holloway	HOLLOWAY & COMPANY	SALISBURY MARYLAND

Walter R. Holloway

Walter R. Holloway

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12038

Dr. Waters 12022

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 East William St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural give location) 108 East William St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) SIMPSON TAFT (Last) WILCOX JR

4. DATE OF DEATH: (Month) DEC (Day) 28 th (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 26, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance Co.

11. BIRTHPLACE (State or foreign country): Sharptown Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Wilcox

14. MOTHER'S MAIDEN NAME: Emma L. Matthews

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Miss A. Darothea Wilcox(Sister) 108 E. William St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Cardiac Dilatation

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Dilatation with Aortic Disease

DUE TO

(c) Hypertension and Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of Prostate and Bladder

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1953, to 12/28, 1954, that I last saw the deceased alive on 12/28, 1954, and that death occurred at 12:05 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter R. Waters M.D.

ADDRESS 108 S. Division St. Salisbury, Maryland

DATE SIGNED Dec. 30, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 31, 1954

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-30-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

VS. A15

RECEIVED
JAN 3 1925
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12039

CERTIFICATE OF DEATH

Dr.Lawry,Lee 12023 Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital Salisbury, Maryland 07

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural give location) 519 Wailes Street

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Bertha (Last) Williamson
4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: Nov. 11, 1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife & Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Cafeteria
11. BIRTHPLACE (State or foreign country): Federalsburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Kaiser
14. MOTHER'S MAIDEN NAME: Nettie Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Lost
17. INFORMANT & ADDRESS: Patient on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of uterus with metastasis — Interval Between Onset And Death: 1 year
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis - arrested

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1954, to 12-21-54, that I last saw the deceased alive on 12-20, 1954 and that death occurred at 2:10 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Lee L Lawry M.D.
ADDRESS Fruitland Maryland
DATE SIGNED December 22 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 23, 1954
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Walstons Maryland

DATE REC'D BY LOCAL REGISTRAR 12-22-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY
ADDRESS SALISBURY MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1954
BUREAU V. S.